

## 2008 Baldrige Regional Conferences Registration Form

### Address Information

First Name \_\_\_\_\_ Middle \_\_\_\_\_  
 Last Name \_\_\_\_\_ First Name for Badge \_\_\_\_\_  
 (Name will appear as entered above.)  
 Company \_\_\_\_\_  
 Title \_\_\_\_\_  
 Address \_\_\_\_\_ Address2 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_  
 ZIP code \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

### Sector

Please indicate the sector to which your organization belongs:

- Manufacturing     Service     Small Business     Education     Health Care  
 Government     Nonprofit

### How did you hear about the 2008 Baldrige Regional Conferences?

- Received brochure in the mail  
 From a colleague  
 Baldrige Web site  
 E-mail advertisement  
 Announcement in trade publication  
 State Quality Award Program  
 Other: \_\_\_\_\_

### Please select the conference you wish to register for.

- Denver, CO, September 16, 2008  
 New Orleans, LA, October 3, 2008

### Please select the type of registration you wish to have.

	Advance*	Regular	On-Site***
<b>Regional Conference</b>			
<input type="checkbox"/> Individual	\$445.00	\$495.00	\$545.00
<input type="checkbox"/> Faculty Discount	\$395.00	\$445.00	\$495.00
<input type="checkbox"/> Group Discount**	\$395.00	\$445.00	\$495.00
<b>Pre-Conference Workshop (Limit 60 registrants)</b>			
<input type="checkbox"/> Pre-Conference Workshop with conference registration	\$100.00	\$100.00	N/A
<input type="checkbox"/> Pre-Conference Workshop only	\$150.00	\$150.00	N/A

**\* Advance Registration must be submitted by 5:00 PM EDT, August 22 for Denver, CO and by 5:00PM EDT September 10 for New Orleans, LA.**

**\*\* All registrations must be submitted at the same time to receive the group discount.**

**\*\*\*On-site rates apply after 5pm EDT, September 10 for Denver, CO and after 5pm EDT September 29 for New Orleans, LA as these registrations will have to be completed on-site.**

### Special Needs

Check here if you wish to be contacted.

Do you have any special needs and/or dietary restrictions that we can address to make your participation more enjoyable? Please indicate these special needs in the space below:

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### Payment Information

- Check or money order (Make check payable to "MBNQA Foundation").
- Credit Card - **Your Credit Card Statement will list "Baldrige Regional Conference" as the Payee.**
  - Visa
  - MasterCard
  - American Express

Name as it appears on the card: \_\_\_\_\_

Account number: \_\_\_\_\_

(CID/SVC number): \_\_\_\_\_

This three- or four-digit number must be provided if you are paying by credit card. American Express: the number can be found above the embossed account number that appears on your card. Visa or MasterCard: the number can be found on the signature strip on the back of the card and is the last three printed numbers.

Expiration date: \_\_\_\_\_

Signature: \_\_\_\_\_

- By checking this box I have read and fully understand the conditions of this registration form and applicable registration and cancellation fees. If a credit card number has been provided, I authorize MACC to charge this card for all applicable registration fees. My credit card statement will read "Baldrige Regional Conference".